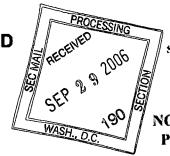
FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## **FORM D**

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

1367860

OMB APPROVAL
OMB Number: 3235-0076
Expires: April 30,2008
Estimated average burden
hours perresponse.....16.00

SEC USE ONLY							
Prefix	1	Sedal					
0	ATE RECE	IVED					
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iling Under (Check box(es) that apply): Rule 504 Rule 505 X Rule 506 Section 4(6)	ULOE
thing (motor (Check box(es) that apply): Rule 304 Kine 305 X Rule 305 X	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
ame of Issuer ( check if this is an amendment and name has changed, and indicate change.)	06048294
exas Energy Holdings, Inc., Mustang A & B Program	Telephone Number (Including Area Code)
ddress of Executive Offices (Number and Street, City, State, Zip Code)	214-231-4000
0935 Estate Lane, Suite 325, Dallas, TX 75238  differs of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
ddress of Principal Business Operations (Number and Street, City, State, Zip Code) f different from Executive Offices)	temple in the second se
rief Description of Business	
Dil and Gas Development	PROCESS
ype of Business Organization	
Control and the second	please specify): OCT 0 4 20
business trust limited partnership, to be formed gener	al partnership
Month Year  Actual or Estimated Date of Incorporation or Organization: 06 06 X Actual Estimatisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	
Actual or Estimated Date of Incorporation or Organization: 016	
Actual or Estimated Date of Incorporation or Organization: [0]6 [0]6 [2] Actual Estimated Estimated Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)  GENERAL INSTRUCTIONS  Federal:  Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D (7066).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
Actual or Estimated Date of Incorporation or Organization: 06 D6 Actual Estimated Control of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)  ENERAL INSTRUCTIONS  Federal:  Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
Actual or Estimated Date of Incorporation or Organization: [0]6 [0]6 [X] Actual Estimated Estimated Incorporation or Organization: [0]76 [0]8 [X] Actual Estimated Incorporation or Organization: [0]76 [0]7	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.  3. A notice is deemed filed with the U.S. Securities below or, if received at that address after the date on
Actual or Estimated Date of Incorporation or Organization: 016 016 Actual Estimated Estimated Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)  GENERAL INSTRUCTIONS  Federal:  Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D (70).  When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given which it is due, on the date it was mailed by United States registered or certified mail to that address.  Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20.  Coples Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual schotocopies of the manually signed copy or bear typed or printed signatures.	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.  3. A notice is deemed filed with the U.S. Securities below or, if received at that address after the date on 10549.  Bly signed. Any copies not manually signed must be
Actual or Estimated Date of Incorporation or Organization: [0] 6	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.  3. A notice is deemed filed with the U.S. Securities below or, if received at that address after the date on 10549.  Bly signed. Any copies not manually signed must be cort the name of the issuer and offering, any changes
Actual or Estimated Date of Incorporation or Organization: [0] 6	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.  3. A notice is deemed filed with the U.S. Securities below or, if received at that address after the date on 1549.  Bly signed. Any copies not manually signed must be cort the name of the issuer and offering, any changes
retual or Estimated Date of Incorporation or Organization: [0]6	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.  3. A notice is deemed filed with the U.S. Securities below or, if received at that address after the date on 1549.  Illy signed. Any copies not manually signed must be sort the name of the issuer and offering, any changes blied in Parts A and B. Part E and the Appendix need 1549.  Securities Administrator in each state where sales for the exemption, a fee in the proper amount shall

filing of a federal notice.

				·	
			DENTIFICATION DAT	'A	
. Enter the information requ					
			within the past five year		والمناسب المسادات
					a class of equity securities of the issuer.
			of corporate general and	managing partners of	partnership issuers; and
<ul> <li>Each general and ma</li> </ul>	naging partner of	partnership issuers.	_		
Check Box(es) that Apply:	Promoter	Beneficial Owner	F Executive Office	er Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)	Water the second of the second	TOWNSHIP COMMENTS SPECIAL SPEC	CONCERNATION CONTROL TRANSPORTED AND AND AND AND AND AND AND AND AND AN	CONTRACTOR
Texas Energy Holdings, Business or Residence Address	nc. (Number and :	Street, City, State, Zip	Code)	Craff County County County County	
10935 Estate Lane, Suite					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Office	cer X Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)	AND THE RESIDENCE AND THE PROPERTY OF THE PROP	ANCIANA TARANCA ESCANARA ANTI-ANTI-ANTI-ANTI-ANTI-ANTI-ANTI-ANTI-	MCMANGAN OLIMANA TOURSMANN WOMEN GOMENAN	CHARLES THE PROPERTY CONTRACTOR OF CONTRACTOR CONTRACTOR SECURIFICATION CONTRACTOR CONTR
Willis, Phillip C. Business or Residence Address	(Number and	Street, City, State, Zip	Code)		
10935 Estate Lane, Suite			•		
	Promoter	Beneficial Owner	Executive Offic	cer Director	General and/or Managing Partner
Full Name (Last name first, if	individual)	COLUMNS AND PROPERTY OF THE PR		MCCANAN MANAGEMENT STREET, STR	افراداها الباد وبينان النقاب البينية ويهد ويتها والمتاه فسيح وسيد والمتاه
Ladymon, Casey W. Business or Residence Address	(Number and	Street, City, State, Zip	Code)	COCK ACCIONISMISMARVUZ WINICHMARICEMARK VINICAMENIU	
10935 Estate Lane, Suite	325, Dallas, T	rx	<u> </u>	<u> </u>	
Check Box(es) that Apply:	Promoter	Beneficial Owne	Executive Offi	cer Director	General and/or Managing Partner
Full Name (Last name first, if	individual)	propers technological extension for the second second	NA SCHIMICATORY SECURIORIUM MARKETERICANI REPRESENTATION (CARCELLES)		
Business or Residence Address	(Number and	Street, City, State, Zip	Code)		محاربين والمحادث فيبها فيها فقيه فليتها والمحادث
Check Box(es) that Apply:	Promoter	Beneficial Own	er Executive Offi	cer Director	General and/or Managing Partner
Full Name (Last name first, if	individual)	R STATEMENT AMERICAN PROPERTY OF THE PROPERTY OF THE PROPERTY AND A STATEMENT OF THE PROPERTY	agentarione anymique d'acceptivante anyminatique en conçuit arçainence		Description districts gradiented amenicana descripts intendignit installature descripts in
Business or Residence Address	s (Number and	Street, City, State, Zip	Code)		ساست مستقا النب مين رقب منت شي مستق
Check Box(es) that Apply:	Promoter	Beneficial Own	er Executive Off	icer Director	General and/or Managing Partner
Full Name (Last name first, if	individual)		Marieraphen sectorics monumented semiconorus, vincilles semiconorus	an angazzumu anatosia silakumuni bahkilisi (mirkum	
Business or Residence Address	s (Number and	Street, City, State, Zip	Code)	The Committee of C	حددة فادع المستقد حدده سباق ودمه الاستقداد المستقد الم
Check Box(es) that Apply:	Promoter	☐ Beneficial Own	er Executive Off	icer Director	General and/or Managing Partner
Full Name (Last name first, if	individual)			هنده هند هنده	
Business or Residence Address	is (Number and	Street, City, State, Zip	p Code)		

					B. IN	FORMATIC	ON ABOUT	OFFERIN	ΧG				
1	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										Yes □	No X	
1.	mas ine i	sauci soid,	at anco au			Appendix,							
2.	The state of the s									\$ <u>25</u> ,	000		
•	and the state of a sta										Yes	No	
3. 4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an									rectly, any		ب	
	Enter the information requested for each person who has been or will be paid or given, directly of indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
			īrst, if indi	vidual)									
Dir Bu	rect Capit siness or F	al Securit Lesidence .	ties, Inc. Address (N	umber and	Street, Ci	ty, State, Zi	ip Code)						
13	33 2nd S1	reet, Suit	e 600, San	ta Monica				M-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		<u></u>		, ,	
Na	me of Ass	ociated Br	oker or Dea	ler									
Sta			Listed Has										
	(Check '	'All States	" or check	individual	States)	****************	***************************************				*****************	☐ All	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID I
	IL MT	NE NE	NV	KS]	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MÖ PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR
Fu	ll Name (I	ast name	first, if indi	vidual)									
Bı	isiness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)			***********			
Na	ime of Ass	ociated Br	oker or De	aler	هندم ويبييون كالمادة قادات في يري		-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1						
St			Listed Has										
	(Check	"All States	" or check	ind ividual	States)						<del>-</del>	☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
		IN NE	IA	KS	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	MT RI	NE SC	NV SD	NH TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Fu	Il Name (	Last name	first, if ind	ividual)	<u>an an a</u>		***		y 6.45 mathur 6.350 s		341007		
B	usiness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
N:	ame of As	sociated B	roker or De	aler									
St	ates in WI	nich Person	ı Listed Ha	s Solicited	or Intend	to Solicit	Purchasers	l					
			s" or check							w		A	ll States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	TL	IN	IA	KS	KY	LA	ME	MD	MA	MI OH	MN OK	MS OR	MO PA
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	WV	WI	WY	PR

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

I.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and					
	already exchanged.  Type of Security		Aggregate Fering Price		Ame	ount Already Sold
	Debt	S	0		\$	0
	Equity				s	0
	Common Preferred					
	Convertible Securities (including warrants)	<b>S</b>	0		\$	0
	Partnership Interests				<b>\$</b>	0
	Other (Specify Units of Working Interest				<b>\$</b>	1,566,000
	Total				\$ <u>_</u>	1,566,000
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number Investors		Do of	Aggregate llar Amount   Purchases
	Accredited Investors			_	-	1,563,852
	Non-accredited Investors				\$_	0
	Total (for filings under Rule 504 only)				\$	
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	<b>!</b>				
			Type of		De	ollar Amount
	Type of Offering		Security			Sold
	Rule 505				\$	
	Regulation A				\$	
	Rule 504			_	<b>\$</b> _	
	Total	LEMM			\$	
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees		n	X	<b>s</b>	0
	Printing and Engraving Costs		<b></b>	X	<b>s</b>	1,500
	Legal Fees			X	<b>\$</b>	5,000
	Accounting Fees			X	\$	0
	Engineering Fees			X	\$	0
	Sales Commissions (specify finders' fees separately)			X	<b>s</b>	0
	Other Expenses (identify) Due Diligance, Travel, Shipping, Mail			X	\$	2,500
	Total			X	\$	9,000

	C. OFFERING PRICE, NUMBER	OF INVESTORS, EXPENSES AND USE OF P	ROC	EEDS		
;	o. Enter the difference between the aggregate offering pund total expenses furnished in response to Part C — Que moceeds to the issuer."	stion 4.a. This difference is the "adjusted gross			s <u> </u>	557,000
	ndicate below the amount of the adjusted gross proceed ach of the purposes shown. If the amount for any purheck the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C	rpose is not known, furnish an estimate and payments listed must equal the adjusted gross				
			( Di:	yments to Officers, rectors, & Miliates	P	ryments to Others
	Salaries and fees		<b>X</b> \$_	148,709	- X \$_	148,291
	Purchase of real estate				_ <b>X</b> \$_	0
	Purchase, rental or leasing and installation of machine and equipment	ery			_ <b>X</b> \$_	0
	Construction or leasing of plant buildings and facilitie				_ X \$_	0
	Acquisition of other businesses (including the value of offering that may be used in exchange for the assets of issuer pursuant to a merger)	r securities of another				1,260,000
	Repayment of indebtedness				_ 🛛 🖫	
	Working capital				_ 🗓 \$_	
	Other (specify):		<b>X</b> \$_	0	_ 🗶 \$_	0
			<b>X</b> \$_	0	_ 🛛 \$_	0
	Column Totals	***************************************	<b>X</b> \$_	148,709	_ XS.	1,408,291
	Total Payments Listed (column totals added)				1,557,0	00
		D. FEDERAL SIGNATURE	************			
cion	issuer has duly caused this notice to be signed by the und ature constitutes an undertaking by the issuer to furnish information furnished by the issuer to any non-accredi	to the U.S. Securities and Exchange Commi	ission,	, upon writi	ule 505, ien requ	the followiest of its sta
		gn gare	Date	<u> </u>		
	as Energy Holdings, Inc., Mustang A & B	rear M. p	Sept	ember 20,	2006	
Nan	e of Signer (Print or Type)	itle of Signer (PriM or Type)				
Ric	hard K. Hartnett	ssociate				

- ATTENTION -

		E. STATE SIGNATURE	
1.	Is any party described in 17 CFR 230.262 p provisions of such rule?	resently subject to any of the disquali	fication Yes No
	Sec	e Appendix, Column 5, for state respo	nse.
2.	The undersigned issuer hereby undertakes to D (17 CFR 239.500) at such times as requir	furn ish to any state admin istrator of an red by state law.	y state in which this notice is filed a notice on Fort
3.	The undersigned issuer hereby undertakes t issuer to offerees.	o furnish to the state administrators, v	pon written request, information furnished by th
4.	limited Offering Exemption (ULOE) of the	state in which this notice is filed and u	nderstands that the issuer claiming the availabilit
		tents to be true and has duly caused this	notice to be signed on its behalf by the undersigne
	· · · · · · · · · · · · · · · · · · ·	Signature Signature	Date September 20, 2006
	1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification  See Appendix, Column 5, for state response.  2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice of D (17 CFR 239.500) at such times as required by state law.  3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished issuer to offerees.  4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the ava of this exemption has the burden of establishing that these conditions have been satisfied.  See Appendix, Column 5, for state response.	Geptember 20, 2000	
ivaine (	timen tyle)	, , , , , , , , , , , , , , , , , , ,	
Richar	d K. Hartnett	Associate	

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	APPENDIX													
1	Intend to non-a investor	2 I to sell accredited s in State I-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pur	4 investor and rchased in State C-Item 2)		under Sta (if yes, explana	ification te ULOE attach ation of granted)					
State	Yes	No		Number of Accredited Investors	Number of Number of Non-Accredited									
AL														
ΛK														
AZ								:						
AR														
CA		Х	\$1,566,000	8	\$815,930	0	\$0	_	x					
co														
СТ														
DE														
DC														
FL		X	\$1,566,000	11	\$64,380	0	\$0		x					
GA														
н														
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IN														
IA														
KS								<u> </u>						
KY														
LA									<u> </u>					
ME														
MD														
МА														
MI														
MN														
MS														

				APPI	ENDIX				
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
мо						1000000			
МТ									
NE									
NV		x	\$1,566,000	1	\$87,000	0	\$0		х
NH				The state of the s					
NJ									
NM									
NY									
NC									
ND									
ОН									
ок									
OR									
PA									
RI									
SC									
SD									
TN									
TX		х	\$1,566,000	3	\$509,542	0	\$0		x
UT									
VT									
VA									
WA		x	\$1,566,000	1	\$87,000	0	\$0		x
wv			Ţ.,000,000						
wi									

				APPI	ENDIX				
1		2	3			4			ification
	to non-a	I to sell accredited is in State I-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and expla amount purchased in State waive				(if yes, explana	attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									